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03/31/2005

Philmore II, Colburn II
 Cantor Colburn LLP
 55 Griffin Road South
 Bloomfield, CT 06002

06/28/2005 HDEMESS2 00000069 070845 10707886

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Patricia DiGregorio

(Depositor's name)

Patricia DiGregorio

(Signature)

June 27, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/707,886	01/21/2004	Peter John Feenan	139343	1885

TITLE OF INVENTION: GRADIENT COIL APPARATUS AND METHOD OF ASSEMBLY THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/30/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHRIVASTAV, BRIJ B	2859	324-318000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents; If no name is listed, no name will be printed.

1 CANTOR COLBURN LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

GE Medical Systems Global
 Technology Company LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Waukegan, Wisconsin

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-0845 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Leah M. Reimer

Date June 27, 2005

Typed or printed name

Leah M. Reimer

Registration No. 39,341

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